

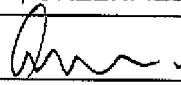
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/051,497-Conf. #1774
		Filing Date	January 18, 2002
		First Named Inventor	Rong-Hwa Lin
		Art Unit	1644
		Examiner Name	P. Gambel
Total Number of Pages in This Submission	13	Attorney Docket Number	A0871.70000US01

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of 9/5/08 Office Action from U.S. Application Serial No. 10/662,906
<div style="border: 1px solid black; padding: 5px;">Remarks</div>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature			
Printed name	Alan W. Steele, M.D., Ph.D.		
Date	January 29, 2009	Reg. No.	45,128

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: 1/29/09Signature: Janet D'Annunzio-Ellis (Janet D'Annunzio-Ellis)

<p><i>Effective on 12/08/2004.</i>  <b>FEE TRANSMITTAL</b>  <b>For FY 2009</b></p>		<p><b>Complete if Known</b></p>	
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		Application Number	10/051,497-Conf. #1774
		Filing Date	January 18, 2002
		First Named Inventor	Rong-Hwa Lin
		Examiner Name	P. Gambel
		Art Unit	1644
TOTAL AMOUNT OF PAYMENT		(\$)	180.00
		Attorney Docket No.	A0871.70000US01

**METHOD OF PAYMENT** (check all that apply)

☐ Check   
 ☒ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account   
 Deposit Account Number: 23/2825   
 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, **except for the filing fee**  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   
 ☒ Credit any overpayments

**FEE CALCULATION**

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES		
Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

19 Total Claims - 37 or HP = 19 Extra Claims x 19 Fee (\$)  
 HP = highest number of total claims paid for, if greater than 20.

2 Indep. Claims - 4 or HP = 2 Extra Claims x 2 Fee (\$)  
 HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

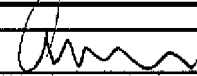
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: \_\_\_\_\_ Extra Sheets: \_\_\_\_\_ Number of each additional 50 or fraction thereof: \_\_\_\_\_ Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_  
 \_\_\_\_\_ - 100 = \_\_\_\_\_ /50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	45,128
Name (Print/Type)	Alan W. Steele, M.D., Ph.D.	Telephone	617.646.8000
		Date	January 19, 2009

Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Date: <u>1/29/09</u>	Signature: <u>Janet D'Annunzio-Ellis</u> (Janet D'Annunzio-Ellis)